



## **Application Data Sheet**

### **Application Information**

|                                 |   |
|---------------------------------|---|
| Application number::            | 10/666,562  |
| Filing Date::                   | 09/17/03  |
| Application Type::              | Divisional  |
| Subject Matter::                | Utility   |
| Title::                         | TRANSCUTANEOUS INFUSION OF CARBON<br>DIOXIDE FOR LOCAL RELIEF OF PAIN AND<br>OTHER AILMENTS |
| Attorney Docket Number::        | 020017-000430US   |
| Request for Early Publication:: | No  |
| Request for Non-Publication::   | No  |
| Suggested Drawing Figure::      | 11  |
| Total Drawing Sheets::          | 13  |
| Small Entity?::                 | Yes   |
| Petition included?::            | No  |
| Secrecy Order in Parent Appl.:: | No  |

### **Applicant Information**

|                                  |               |
|----------------------------------|---------------|
| Applicant Authority Type::       | Inventor      |
| Primary Citizenship Country::    | US            |
| Status::                         | Full Capacity |
| Given Name::                     | NED           |
| Middle Name::                    | S.            |
| Family Name::                    | RASOR         |
| City of Residence::              | Cupertino     |
| State or Province of Residence:: | CA            |
| Country of Residence::           | US            |

Street of Mailing Address:: 15601 Montebello Road  
City of Mailing Address:: Cupertino  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95014

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: JULIA  
Middle Name:: S.  
Family Name:: RASOR  
City of Residence:: Los Gatos  
State or Province of Residence:: CA  
Street of Mailing Address:: 104 Smith Creek Drive  
City of Mailing Address:: Los Gatos  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95030

### **Correspondence Information**

Correspondence Customer Number:: 20350

### **Representative Information**

Representative Customer Number:: 20350

**Domestic Priority Information**

|                  |   |                             |                      |
|------------------|---|-----------------------------|----------------------|
| Application::    | Continuity Type::   | Parent Application::        | Parent Filing Date:: |
| This application | Divisional  | 09/795,648                  | 02/28/2001           |
| 09/795,648       | An application claiming<br>the benefit under 35<br>USC 119(e) | Pat 6,652,479<br>60/185,495 | 02/28/2000           |

**Assignee Information**

|   |                      |
|---|----------------------|
| Assignee Name::                         | Capnia, Incorporated |
| Street of mailing address::             | 170 Knowles Drive    |
| City of mailing address::               | Los Gatos            |
| State or Province of mailing address::  | CA                   |
| Postal or Zip Code of mailing address:: | 95032                |